

**APPLICATION TO OBTAIN LOGON ID AND PASSWORD  
FOR  
ONLINE FILING WITH SECRETARY OF STATE**

I, the undersigned, am on record with the Secretary of State as:

**CAMPAIGN (please circle one):**

Treasurer                      Assistant Treasurer                      Candidate/Officeholder  
  
State Measure Proponent                      Individual Donor                      Responsible Officer

**LOBBYING (please circle one):**

Lobbyist                      Responsible Officer (Employer)                      Responsible Officer (Firm)  
  
CPA who acts as the agent for the entity below                      Attorney in fact for the entity below

**TYPE OF ENTITY (please circle one):**

Recipient Committee                      Major Donor/Independent Expenditure Committee  
  
Slate Mailer Organization                      Lobbyist                      Lobbying Firm                      Lobbyist Employer  
  
\$5000 Payment to Influence Filer

\_\_\_\_\_  
**Print full name of entity needing ID/Password**

\_\_\_\_\_  
**ID# if known**

\_\_\_\_\_  
**(Address)**

\_\_\_\_\_  
**(City)**

\_\_\_\_\_  
**(State)**

\_\_\_\_\_  
**(Zip)**

and am entitled to file campaign/lobbying disclosure reports/statements on behalf of the entity listed above. In order to file my required reports online, I hereby apply for issuance of an online filing password and user identification number.

Subscribed and sworn on \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name of signer

\_\_\_\_\_  
phone number

\_\_\_\_\_  
fax number

**Please be sure to include a fax number where we may direct our response. Print this form on your letterhead and fax to:**

**(916) 653-5045**